

2010 KIDZ CAMP Volunteer Application  
Submit by July 5, 2010

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Church Name: \_\_\_\_\_ Pastor's Name \_\_\_\_\_

T-Shirt Size (circle): small medium large X-Large XX-large

Date of Birth \_\_\_\_\_

Have you ever worked KIDZ Camp before, if yes, when and where?

\_\_\_\_\_

Have you attended this church for 5 years or more? Yes No  
(if not, please list churches you have attended in the last 5 years)

\_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? Yes No  
(if yes, please explain, attach a separate sheet if necessary.)

References: (not employers or relatives)

Name _____	Name _____
Address _____	Address _____
Phone # _____	Phone # _____

What area would you be willing to help with? Primary Preteen  
Counselor Crafts Registration Games  
Sports Bible Nurse Anywhere

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please remit to: Betty Beck  
6517 Brad Ct  
Floyds Knobs, In 47119  
812-923-0604  
812-989-3179

bettyannbeck@sbcglobal.net

## Authorization and Disclosure

As part of the application process for volunteer employment for SWID Children's camps, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include but is not limited to names and dates of previous/current employment, church affiliation and background, criminal history records (from state, federal and other agencies) and motor vehicle records. I understand that records may be used for the eligibility of my employment. I authorize without reservation the full use of these records and for the National Screening Bureau and/or its agents to be contacted to obtain information.

In addition, I release and discharge National Screening Bureau, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process.

I also authorize the full release of the information described above, without any reservation, throughout any duration of my voluntary employment at the above stated company.

I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

Upon Request, National Screening Bureau will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: National Screening Bureau, 209 E William, Suite 418, Wichita, KS 67202 or by contacting us at 1-877-263-4405.

**Signature:**

**Date:**

Last Name	First Name		Middle Name	Other Names Used
Home Address	City		State	Zip
Previous Address	City		State	Zip
Phone*	Sex M F	Date of Birth	Social Security #	Drivers License #
		MM DD YYYY		
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval			Race	State Drivers License was issued in:

**The following must be filled out completely for your application to be considered.**

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